

**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions**  
**1601 Rolling Hills Drive**  
**Richmond, Virginia 23229**

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 MILEAGE: \_\_\_\_\_  
 INSPECTION HOURS: \_\_\_\_\_

**Permitted Physician Inspection Report**

Physician's Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

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<b>PHARMACY FACILITY:</b>	<b>YES</b>	<b>NO</b>	<b>DOCUMENTATION</b>
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1. Required licenses properly displayed?	_____	_____	
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**SAFEGUARDS AGAINST DIVERSION OF DRUGS:**

2. Sound, microwave, photoelectric, ultrasonic, or other generally accepted device installed in each drug storage and dispensing area?	_____	_____	
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a. Device maintained in operating order?	_____	_____	
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b. Device protects immediate drug storage and compounding area.	_____	_____	
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c. Device have auxiliary power source?	_____	_____	
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d. Only the permitted physician in possession of key to the drug storage area?	_____	_____	
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**DRUG INVENTORY AND RECORDS:**

3. Schedule II through V drug records maintained at facility as to stock of drugs to which records pertain for two years?	_____	_____	
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4. Required inventories of Schedule II through V drugs:	_____	_____	
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a. Biennial inventory?	_____	_____	
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(1) Inventory date: \_\_\_\_\_

(2) Opening of business: \_\_\_\_\_

(3) Close of business: \_\_\_\_\_

(4) Inventory signed: \_\_\_\_\_

name

5. Inventories and records of Schedule II drugs maintained separately from all other records?	_____	_____	
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6. Inventories and records of Schedule III through V drugs maintained separately or with records of Schedule VI drugs?	_____	_____	
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7. Receipt of Schedule II through V drugs dated with the actual date of receipt?	_____	_____	
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8. Schedule II prescriptions maintained in a separate file?	_____	_____	
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9. Schedule III through V prescriptions maintained in a separate file or stamped with a red "C" and filed with Schedule VI prescriptions?	_____	_____	
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10. Schedule II prescriptions include:	_____	_____	
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a. Patient's address?	_____	_____	
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b. Practitioner's address?	_____	_____	
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YES NO

**Drug Inventory and Records (Cont.):**

- |                                      |       |       |
|--------------------------------------|-------|-------|
| c. Date?                             | _____ | _____ |
| d. Initialed by permitted physician? | _____ | _____ |
| e. Practitioner's DEA Number?        | _____ | _____ |
11. Schedule III through VI prescriptions include:
- |  |       |       |
|--|-------|-------|
| a. Patient's address?  | _____ | _____ |
| b. Practitioner's address?   | _____ | _____ |
| c. Date?   | _____ | _____ |
| d. Initialed by permitted physician?                                       | _____ | _____ |
| e. Practitioner's DEA Number?  | _____ | _____ |
| f. Stamped with a red "C" (only Schedule III-V)?                           | _____ | _____ |
| g. Schedule III through V prescriptions not refilled more than five times? | _____ | _____ |
| h. Schedule III through V prescriptions not refilled after six months?     | _____ | _____ |
| i. Refills dated and initialed by physician on back of prescription?       | _____ | _____ |
| j. Schedule VI prescriptions not refilled after two years?                 | _____ | _____ |

**AUTOMATED DATA PROCESSING RECORDS FOR PRESCRIPTIONS:**

- |   |       |       |
|---|-------|-------|
| 12. System provide retrieval of original prescription information?                                  | _____ | _____ |
| 13. System provide retrieval or printout of dispensing history for two years?                       | _____ | _____ |
| 14. Verification of dispensing data:  |       |       |
| a. Daily printout of data, bound log book or separate file dated and signed by permitted physician? | _____ | _____ |

**LABELING PRESCRIPTIONS:**

- |   |       |       |
|---|-------|-------|
| 15. Label contains the following:                       |       |       |
| a. Name and address of dispenser?                       | _____ | _____ |
| b. Serial number and date of prescription being filled? | _____ | _____ |
| c. Name of patient?                                     | _____ | _____ |
| d. Name of prescriber?                                  | _____ | _____ |
| e. Directions for use?                                  | _____ | _____ |
| f. Trade or generic drug name and strength?             | _____ | _____ |
| g. Number or dosage units dispensed?                    | _____ | _____ |

**PACKING STANDARDS FOR DISPENSED PRESCRIPTIONS:**

- |   |       |       |
|---|-------|-------|
| 16. Prescriptions dispensed in special packaging? | _____ | _____ |
|---|-------|-------|

**GENERAL REMARKS:**

**ACTION TAKEN:**

- |                              |                                    |
|------------------------------|------------------------------------|
| (1) _____ New Inspection     | (4) _____ Drug Destruction         |
| (2) _____ Routine Inspection | (5) _____ Drug Audit               |
| (3) _____ Reinspection       | (6) _____ Other _____<br>(Specify) |

**ACKNOWLEDGEMENT:**

This permitted physician has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

\_\_\_\_\_  
Inspector (Dept. of Health Professions)

\_\_\_\_\_  
Permitted Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time of Exit

\_\_\_\_\_  
Title of Authorized Individual

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FOR OFFICE USE ONLY

Violations this inspection: \_\_\_\_\_

Violations Previous Inspection: \_\_\_\_\_

Repeated Violations: \_\_\_\_\_